KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 9408
Name: Trans Pacific Oil Corporation
Address 1: 100 S MAIN ST STE 200
Address 2:
City: WICHITA State: KS Zip: 67202 + 3735
Contact Person: Lisa Thimmesch
Phone: ( 316 ) 262-3596
Lease Name: LEIKER
Well Number: 9 - 18

API No.: 15-051-26468-00-00
Permit No: D31574.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - SE - NE - NW Sec. 18 Twp. 15 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
4290 feet from ☐ N / ☑ S Line of Section
2988 feet from ☑ E / ☐ W Line of Section
County: Ellis

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 9610 | 0 | | | 31 |
| February | 9610 | 0 | | | 29 |
| March | 9610 | 0 | | | 31 |
| April | 9610 | 0 | | | 30 |
| May | 9610 | 0 | | | 31 |
| June | 9610 | 0 | | | 30 |
| July | 9610 | 0 | | | 31 |
| August | 9610 | 0 | | | 31 |
| September | 9610 | 0 | | | 30 |
| October | 9610 | 0 | | | 31 |
| November | 9610 | 0 | | | 30 |
| December | 9610 | 0 | | | 31 |
| ***TOTAL*** | 115320 | | 0 | | |

Submitted Electronically